

#17/a  
3-9-04

PATENT APPLICATION



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	)	
	:	Examiner: Eric Chang
TAKASHI SUGIURA	)	
	:	Group Art Unit: 2185
Application No.: 09/708,552	)	
	:	
Filed: November 9, 2000	)	
	:	
For: ELECTRONIC APPARATUS	)	Monday, February 23, 2004

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RECEIVED**

**MAR 04 2004**

**Technology Center 2100**

AMENDMENT

Sir:

In response to the Office Action dated September 22, 2003, the period for response to which having been extended two months from December 22, 2003 to Monday, February 23, 2004 by the accompanying Petition For Extension Of Time, please amend the above-identified application as follows.

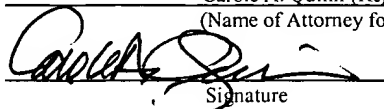
I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

Monday, February 23, 2004

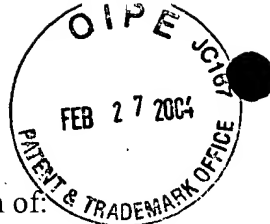
(Date of Deposit)

Carole A. Quinn (Reg. No. 39,000)

(Name of Attorney for Applicant)

  
Signature

Monday, February 23, 2004  
Date of Signature



In re Application of:

TAKASHI SUGIURA

Application No.: 09/708,552

Filed: November 9, 2000

For: ELECTRONIC APPARATUS

Docket No. 03500.014913.

Examiner: Eric Chang

Group Art Unit: 2185

Date: Monday, February 23, 2004

THE COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

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**MAR 04 2004**

**Technology Center 2100**

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 6	MINUS	** 20	= 0	x \$9 \$18	0.00
INDEP. CLAIMS	* 2	MINUS	*** 3	= 0	x \$43 \$86	0.00
Fee for Multiple Dependent claims \$145°/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0.00

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$\_\_\_\_\_ is enclosed.
- ☐ Charge \$\_\_\_\_\_ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☒ A check in the amount of \$ 420.00 to cover the fee for a two month extension is enclosed.
- ☐ A check in the amount of \$\_\_\_\_\_ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

  
Attorney for Applicant

Registration No. 39,000

FITZPATRICK, CELLA, HARPER & SCINTO  
30 Rockefeller Plaza  
New York, New York 10112-3800  
Facsimile: (212) 218-2200